

REC'D
S.P. 1

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. 1450
Alexandria, VA 22313-1450

Application No.	09/884,739
Filing Date	June 18, 2001
First Named Inventor	Fuad Rashid
Art Unit	2174
Examiner Name	Sy D. Luu
Attorney Docket Number	5306P022

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____

ii. Other _____

b. Enclosed

i. Amendment/Reply

ii. Affidavit(s)/Declaration(s)

iii. Information Disclosure Statement (IDS)

iv. Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.

i. RCE fee required under 37 CFR 1.17(e) and any additional claims fee(s)

ii. Extension of time fee (37 CFR 1.136 and 1.17)

iii. Other: Request for Continued Examination (RCE) (\$.00) 05/03/2006 SDENB0B1 00000088 09884739 01 FT:1801 790.00 0P

b. Check in the amount of \$790.00 enclosed

c. Payment by credit card (Form PTO-2038 enclosd)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

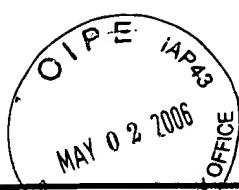
Name (Print/Type)	Chui-Kiu Teresa Wong	Registration No. (Attorney/Agent)	48,042
Signature		Date	April 26, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

April 26, 2006

Name (Print/Type)	Vanessa Sanchez	Date	April 26, 2006
Signature			



FEES TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **790.00**

Complete if Known

Application Number	09/884,739
Filing Date	June 18, 2001
First Named Inventor	Fuad Rashid
Examiner Name	Sy D. Luu
Art Unit	2174
Attorney Docket No.	5306P022

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	51	51* = <input type="text" value="0"/>	x <input type="text" value="50.00"/>	= <input type="text" value="\$0.00"/>
Independent Claims	3	3* = <input type="text" value="0"/>	x <input type="text" value="200.00"/>	= <input type="text" value="\$0.00"/>
Multiple Dependent				

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple Dependent claim, if not paid		
1204 790	2204 395	**Reissue independent claims over original patent		
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1)		(\$) <input type="text" value="0.00"/>		

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.	<input type="text"/>
2053 130	2053 130	Non-English specification	<input type="text"/>
1251 120	2251 60	Extension for reply within first month	<input type="text"/>
1252	2252	Extension for reply within second month	<input type="text"/>
1253	2253	Extension for reply within third month	<input type="text"/>
1254	2254	Extension for reply within fourth month	<input type="text"/>
1255	2255	Extension for reply within fifth month	<input type="text"/>
1401	2401	Notice of Appeal	<input type="text"/>
1402	2402	Filing a brief in support of an appeal	<input type="text"/>
1403	2403	Request for oral hearing	<input type="text"/>
1451 1,510	2451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1460	2460	Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="text"/>
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810 790	2810 395	Filing a submission after final rejection (37 CFR § 1.129(b))	<input type="text"/>
Other fee (specify)		Request for Continued Examination (RCE)	<input type="text"/>
SUBTOTAL (2)		(\$) <input type="text" value="790.00"/>	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Chui-Kiu Teresa Wong	Registration No. (Attorney/Agent)	48,042	Telephone	(408) 720-8300
Signature				Date	04/26/06